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ABSTRACT

This handbook is intended to assist Ohio educators in identifying students for placement in classes for individuals with severe behavior handicaps. The following topics are discussed: (1) definition of severe behavior handicapped, with examples and discussion of five characteristics and three qualifiers; (2) alternatives to referral, with examples and discussion of preventive practices for classroom, school, home, and community; (3) evaluation team activities (including the Ohio rule requirements for multifaceted evaluations, a table listing the data required and suggested sources, and a discussion of those requirements unique to identification of students with severe behavior handicaps); (4) determination of eligibility; (5) evaluation team reports required by Ohio rules; and (6) Individualized Education Plan conferences and placements, including the tasks to be performed by the conference participants and a continuum of placement options. Eleven sample checklists are provided on subjects including: intervention, intervention assistance plan, background history, behavior observation, medical information, evaluation team report, and least restrictive environment options. (BRM)

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Ohio Handbook for the Identification of Children With

Severe Behavior Handicaps

Ohio Department of Education
Columbus, Ohio

EC232645

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Ohio Handbook for the Identification of Children With Severe Behavior Handicaps

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Here an SBH teacher and an administrator praise a student for improved behavior.

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January, 1987

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Ohio's schools are committed to providing an appropriate education for all handicapped children. Yet, the decision about who is eligible for services is often a complex and difficult one. This is particularly true for the severe behavior handicapped population.

The Ohio Handbook for the Identification of Children With Severe Behavior Handicaps is the result of efforts by a diverse group of dedicated professionals. We believe this publication provides practical assistance with the identification process.

I would like to express my sincere appreciation to the many individuals who contributed to this effort, and to add a special word of thanks to Judy McCracken, who chaired the task force, and to Cathy Bregar, Phyllis Magliocca, Lee Maxwell, Joseph Todd, and Eileen Young, all of whom spent many hours reviewing and refining the document in its final draft stages.

This Handbook is designed to provide school personnel with procedures which will ensure that decisions about eligibility are based on sound assessment practices. A major focus of the publication is a discussion of the definition--the five characteristics and the three qualifiers.

The section on "Alternatives to Referral" will provide regular classroom teachers and intervention assistance teams with a process for supporting and recommending services for students who have mild to moderate behavioral difficulties. Such alternative interventions may allow these students to remain in regular education programs. If not, the process will provide substantial documentation to support the need for individual referrals for assessment.

Children in Ohio considered for identification as severe behavior handicapped will certainly benefit from this cooperative effort as school personnel put the recommendations included in this Handbook into practice.

Frank E. New

Frank E. New, Director
Division of Special Education

"An Equal Opportunity Employer"

1. Preface

Publication Development

This publication, *Ohio Handbook for the Identification of Children With Severe Behavior Handicaps*, hereinafter shortened to *Handbook*, was developed by a task force convened by the East Shore Special Education Regional Resource Center (SERRC) in the spring of 1984. At that time, many issues existed in the area of severe behavior handicaps (SBH) as to definitions, terminology, and appropriate identification procedures. The task force identified the issues, outlined the components of the *Handbook*, gathered and compiled existing resources, and composed the first draft in the winter of 1984. The Mentor Exempted Village School District served as fiscal agent.

Task Force

All persons who served on the task force were interested in helping Ohio educators improve the process used to identify, evaluate, and place children in SBH classes. The guidance and contributions of the following members are hereby acknowledged.

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Revision

The *Handbook* went through numerous stages of revision from the spring of 1984 to the spring of 1986. The task force held nine meetings in Columbus, along with many subcommittee activities. Seven major revisions were completed by February 1986.

Review and Refinement

Task force members personally reviewed and edited the first six drafts. They also consulted with colleagues in their home school districts. The sixth draft was disseminated statewide in the fall of 1985 for review by selected groups of educators and parents. About 300 people responded and suggested revisions. These suggestions were incorporated into a seventh draft in February 1986.

The final field test was conducted in the spring of 1986 when selected school districts were chosen to do a controlled review, including an in-depth analysis of the content and actual use of forms and procedures.

Publication and Dissemination

Final editing took place in late 1986, and the document was published by the Ohio Department of Education, Division of Special Education, in January 1987. Copies were made available to all school districts through the SERRC network.

A level system is used by SBH students and teachers to identify and monitor responsibilities to be achieved.

2. Purpose

Rationale

The purpose of this *Handbook* is to assist Ohio educators in the difficult process of identifying students for placement in classes for severe behavior handicapped (SBH). Many questions about identification procedures exist. This document clarifies terms and suggests procedures which will help ensure that only those students who have been properly identified will be placed in SBH classes.

Legal Foundation

The Ohio Department of Education set forth the basic procedures for identification in *Rules for the Education of Handicapped Children*, which became effective July 1, 1982. These *Rules* reflect the mandates set forth in the *Education of All Handicapped Children Act* (PL 94-142), and its counterparts in Ohio law.

School District Role

The role of the school district relative to community agencies and private practitioners is often confused. Professionals from a broad spectrum of agencies provide services to children with emotional or behavioral problems. Thus, it is not surprising that many differing views, terms, and identification and treatment procedures are prevalent. These differences sometimes result in conflicting opinions over how best to identify and serve students educationally.

Interagency Cooperation

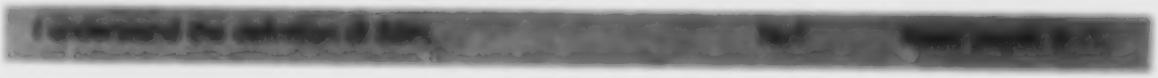
Interagency cooperation and communication among all personnel involved with students should be encouraged and should result in higher quality services. Mental health, chemical abuse, and juvenile justice agencies may have valuable information and resources which could contribute significantly to the evaluation team's determination of eligibility.

Even though professionals from a broad spectrum of agencies provide services to children with emotional and behavioral problems, *the legal responsibility for identification, placement, and provision of an education for any handicapped student ultimately lies with the public school district.*

This principal, teacher, university consultant, and supervising psychologist are discussing the role of intervention assistance teams.

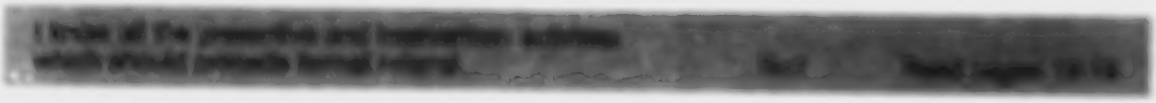
How to Use This Handbook

What is a severe behavior handicapped student?

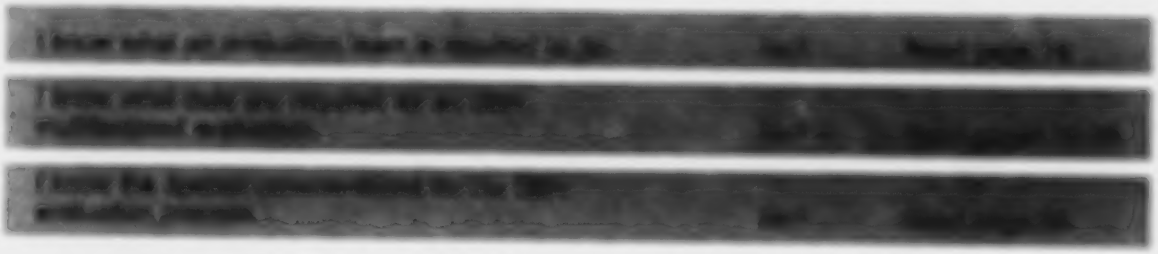


What is a socially maladjusted student?

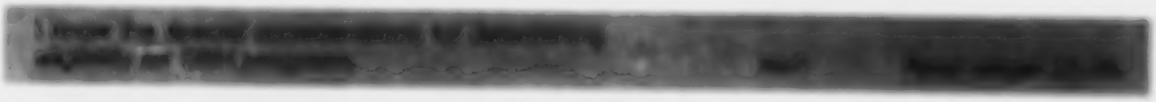
Should all students with behavior problems be formally referred for evaluation for eligibility?



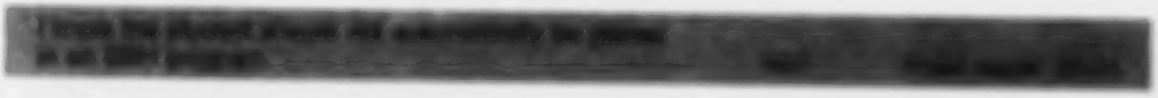
How do we evaluate suspected SBH students? Are there different requirements than for other suspected handicaps?



Are there special problems to consider in determining eligibility for SBH programs?



We have determined the student is eligible for SBH programming. What options should we consider?



3. Definition

Rules Statement

The term used in PL 94-142 for the students under discussion is "seriously emotionally disturbed." Ohio *Rules* use the term "severe behavior handicapped." Much has been written about the appropriateness of these terms (and those used by other states), but a comparison here is not considered relevant. In this publication, the terms "seriously emotionally disturbed" and "severe behavior handicapped" are used interchangeably and should be considered synonymous.

The Ohio Rule 3301-51-01 AAA defines "severe behavior handicapped" as follows, with italics added:

1. The term means a condition exhibiting one or more of the following characteristics *over a long period of time* and *to a marked degree*, which *adversely affects educational performance*:
   a. An inability to learn, which cannot be explained by intellectual, sensory or health factors;
   b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
   c. Inappropriate types of behavior or feelings under normal circumstances;
   d. A general pervasive mood of unhappiness or depression; or
   e. A tendency to develop physical symptoms or fears associated with personal or school problems.
2. The term does not include children who are *socially maladjusted*, unless it is determined that they are severe behavior handicapped.

The Five Characteristics

Both PL 94-142 and the Ohio *Rules* specify that an SBH child will exhibit *at least one* of five characteristics. These characteristics in and of themselves are somewhat ambiguous. The following discussion attempts to assist multidisciplined evaluation teams in deciding whether any of these characteristics is exhibited.

1. An inability to learn, which cannot be explained by intellectual, sensory or health factors

Degrees of Learning

Inability to learn can be interpreted as a condition in which the student is learning nothing. More realistic interpretations allow for *significant degrees* of inability to learn. Behavior handicapped students rarely manifest their particular behavior problems continuously, hour after hour, day after day. Learning usually does take place, so *the issue is the significance of the difference between the student's potential to learn in relation to how much is being learned.* Applying this premise, it is possible to qualify gifted students who are achieving significantly below their potential as SBH.

Primary Handicap

Having determined that a student manifests an inability to learn, it must be further determined that this condition "cannot be explained by intellectual, sensory or health factors." Some degree of any or all of these three factors may be present; however, none of these factors can be the *primary problem.*

Severe behavior handicapped students may indeed have a specific learning disability or a developmental handicap; however, neither of these may be the *primary cause* of the learning problem. The determination of SBH eligibility should be based on documentation that the severity of the behavior disorder is such that the student could not be more appropriately served in another regular or special education program.

Definition of Severe Behavior Handicapped

Five Characteristics

One or more of these five characteristics must be exhibited by the child

An inability to learn, which cannot be explained by intellectual, sensory or health factors

or

An inability to build or maintain satisfactory interpersonal relationships with peers and teachers

or

Inappropriate types of behavior or feelings under normal circumstances

or

A general pervasive mood of unhappiness or depression

or

A tendency to develop physical symptoms or fears associated with personal or school problems

AND

Three Qualifiers

All three of these qualifiers must exist for any of the five characteristics which are exhibited

Over a long period of time

and

To a marked degree

and

Adversely affects educational performance

6. the inability to build or maintain satisfactory interpersonal relationships with peers and teachers

Interpersonal Relationships

The interpretation of this characteristic can also proceed the words "inability to build or maintain." The characteristic must exist in an unacceptable level across various environments. It does not refer to the student who has problems with a particular teacher or with one or more peers. The focus must be on the inability to develop normal satisfactory relationships with others. It is essential for sufficient objective evidence of this characteristic to be present.

Satisfactory Relationships Versus Suitable

Students meeting the criteria for this characteristic may include those who are profoundly withdrawn, those with poor reality contact, those who lack social skills but have the intellectual ability to learn them, and those who exhibit inappropriate patterns of challenging authority figures and responding inappropriately to teacher directives. The characteristic is not considered present if students also have appropriate satisfactory relationships with peers in their subcultures yet function adequately in the norms of the community.

5. inappropriate types of behavior or feelings under normal circumstances

Significantly Inappropriate Behaviors

To meet the criteria for this characteristic, a student's behavior must be significantly inappropriate under normal circumstances across time. Bizarre verbalizations, overreactions, repeated violations of someone or something (rigid), preoccupation with particular objects (fetishes), and displaced physical movements (obsessive or compulsive behavior) can all be included in this characteristic. Behaviors of a sexual nature, or with sexual connotations, often occur with such frequency that they may be included (e.g., inappropriate touching of others, public masturbation, unusual or excessive sexual verbalizations or behavior).

Significantly Inappropriate Feelings

Feelings are not behaviors and cannot be seen. They are inferred from observable behavior. When eligibility for SED is considered on the basis of this term, "feelings" there should be strong agreement by all evaluators that members that have a documented evidence of pervasive and significantly inappropriate feelings demonstrated through observed behaviors that are not justified by the circumstances.

Information from psychological tests, both objective and projective, are included in the assessment data and can be useful here. Eligibility, however, should never be based solely on the results of tests. Such information should be used only to support observations of personnel working with the student.

6. A general pervasive mood of unhappiness or depression

Pervasive Unhappiness or Depression

Depression must be so severe that persons having contact with the student would conclude from the behavior that the student has a pervasive mood of unhappiness or depression. Unhappiness and depression, as most other feelings, are not manifested in the same way by all individuals. Children who are constantly crying or who are withdrawn are most easily recognized as depressed. Depression may also result in children who demonstrate angry aggressive actions or agitated behavior. Children who are having problems eating or sleeping as well as those who have lost interest in their usual activities could also be unhappy or depressed.

Obsessive-Compulsive Disorder

The obsessive-compulsive disorder is a disorder in which people experience unwanted thoughts or obsessions. They often have a compulsion that they feel they must perform. Obsessive-compulsive disorder is usually treated with medication and psychotherapy. It is thought to be caused by a combination of biological and environmental factors.

Some people with obsessive-compulsive disorder have difficulty throwing things away. They may be afraid that they will need them in the future. Others may be afraid that something bad will happen if they do not perform a certain ritual.

> Q. If someone is showing obsessive-compulsive symptoms, what should be done?

Psychological Symptoms

Everyone feels sad sometimes. But people with psychological symptoms feel sad all the time. This sometimes may be considered a disease. It is a type of mental illness. Psychological symptoms affect people's thoughts, feelings, and behavior.

The symptoms may be debilitating to the degree that they significantly interfere with learning. The range of psychological symptoms is great. Some people experience only a handful of symptoms, while others experience many. The most common symptoms include anxiety, fear, and depression. Psychological symptoms may be treated with medication, psychotherapy, or a combination of both.

Clinical Psychology

Clinical psychology is a relatively new field, established only a few decades ago. It is a specialty that integrates science, theory, and clinical knowledge for the purpose of understanding, preventing, and relieving psychological disorders. Clinical psychologists are trained in the diagnosis and treatment of mental illness. They may work in hospitals, clinics, schools, or private practice.

Mental health clinics provide a variety of services, including individual, group, and family therapy.

The Three Qualifiers

The following discussion of the three qualifiers listed in the definition of SBH provides further clarification. Note well that *all three qualifiers must exist* for any of the five preceding characteristics to be considered for SBH identification and placement.

1. Long period of time

Transitory Situations

The time qualifier precludes situational problems which may be understandable or expected given the nature of particular circumstances. A death in the family, divorce, abuse, new school, family financial crisis, or physical illness of the student or a relative would be situational, and the resulting behavior changes are often transitory. *An SBH evaluation and placement would be inappropriate if based on situational behavior changes even though the other aspects of the definition apply.*

Nontransitory Situations

If change is significant, documentation should demonstrate the history of the transition in behavior and its effect on the individual. Any circumstances, however, may lead to behavioral changes which are not transitory and do not return to the state which existed prior to the precipitating event. Providing other aspects of the definition apply appropriately, the student might then be eligible for SBH placement.

Chronological Age

"Long period of time" must also be considered in relation to the chronological age of the student. Less than a year for a very young child might be considered a long period of time, while that same amount of time for a teenager might be insufficient.

2. Marked degree

Key Questions

In determining "marked degree," the following key questions should be answered.

- Is the behavior in question considered significant by more than one observer?
- What are the rate, frequency, intensity, and duration of occurrence?
- In which settings does the behavior occur?
- Are there noticeable or predictable patterns to the behavior?
- How is the behavior affecting others?
- Is the behavior identified as a concern by norm-referenced behavior measures?

Test Data

Evaluative information from psychological tests may help to substantiate "marked degree," but should not be used as the primary source of information. For example, an observable event (providing adverse affect on education has been determined), such as a suicide threat or gesture, should be evaluated by a psychologist using appropriate instruments, interviews, and observations. On the other hand, results from personality measures, which are not substantiated by any observable events, should be regarded with extreme caution.

3. Adversely affects educational performance

Causal Relationships

The definition of SBH requires that determination of eligibility for placement be based on evidence that the student's educational performance is adversely affected. There must be a demonstrable, causal relationship between the student's behavior and decreased educational performance.

Key Questions

To determine whether educational performance is adversely affected, the following key questions should be considered.

- Is the student's educational performance within a reasonable range of chronological age and ability level?
- If the student is performing below reasonable academic expectations, does the *search for the cause of this performance point strongly to emotional or behavioral* problems?
- Do the student's emotional or behavioral problems appear to be affecting educational performance to a greater degree than similar problems are affecting the performance of peers?
- To what extent is the student receiving passing grades? Has there been regular growth in academic achievement? Has the student been held back any grade levels?
- Is the student absent frequently? If yes, how have grades been affected?

Academic achievement *must* be documented, but other aspects of education may be considered. A significant degree of subjectivity will be used in this area, but two guiding principles might be

- **Observable evidence indicates that the student has impaired performance across the educational setting.**
- **Documentation shows clearly that the academic portion of the student's education is adversely affected.**

Socially Maladjusted

The term "socially maladjusted" has not been defined specifically in either the federal regulations or the Ohio *Rules*. It does appear, however, to be an *exclusionary* term which would prevent children who exhibit only delinquent behaviors, or who live outside the generally established norms of the majority culture, from being labeled as handicapped.

Federal Study

Recently, the U.S. Congress mandated a study of the terminology and definition of *seriously emotionally disturbed* (SED) to determine the impact of any changes on the numbers or types of students served. The researchers investigated whether the removal of the "socially maladjusted exclusion" would result in an increase or decrease in the numbers of students defined as SED.

Research Implications

Respondents in field interviews had strong opinions both for and against the inclusion of "hostile, noncompliant" students in special education programs. While concluding that there is "no compelling reason" to change either the term SED or the definition at this time, the study suggested that issues such as the inclusion and definition of "social maladjustment" will only be resolved through more research.[1]

Here is a good guideline which should assist the evaluation team and decrease concern about the definition of "social maladjustment." If the team conducts a thorough evaluation, addressing all areas of the eligibility criteria and definition, and is satisfied that the child is in fact severe behavior handicapped, it is then inconsequential whether the child is also socially maladjusted. Federal and state definitions allow a child to be served if he or she is socially maladjusted *and* severe behavior handicapped.

[1] L. R. Tallmadge et al., *Special Study on Terminology. Comprehensive Review and Evaluation Report* (Washington, D.C.: SRA Technologies, Inc., 1985), pp. xii-xiv.

4. Alternatives to Referral

Importance of Classroom Climate

This section of the *Ohio Handbook for the Identification of Children With Severe Behavior Problems* emphasizes the need to assure that all possible effort has been expended within the classroom to promote a climate which encourages and rewards appropriate student behavior. Such a climate should minimize the occurrence of inappropriate referrals for consideration for placement in programs for severe behavior handicapped.

Keep in mind that *current placement in a special education program (e.g., specific learning disabled or developmentally handicapped) is not a guarantee that all possible preventive practices have been attempted* with the handicapped student who also exhibits behavior problems in that setting.

Three strategies are recommended before referral for SBH placement: preventive practices at the classroom level; individualized intervention at the classroom level; and individualized intervention at the building level.

1. Preventive practices at the classroom level

Definition

"Preventive practices" are those techniques that are used daily by the classroom teacher to create a classroom climate so positive, well structured, and organized that all students are encouraged and expected to demonstrate appropriate behaviors. As educators begin to review the case of a student exhibiting inappropriate behaviors, care should be taken to assure that absence of preventive practices is not precipitating the inappropriate behavior.

Suggested Practices

The following lists suggest classroom and home practices and supportive community resources which should help prevent inappropriate behavior.

Preventive Classroom Practices	Preventive Home Practices	Supportive Community Resources
Affective techniques	Regular school attendance by student	Free or low-cost medical services
Posted daily schedules	Regular visits to school by parents	Mental health services
Positive rewards	Two-way communication between home and school	Agency workshops for parents
Verbal mediation techniques	Homework monitoring	Adult education programs
Contracting techniques	Study area in the home	Recreational facilities
Identification of problem behaviors	Schedule for home study	Other community services
Student participation in decision-making and problem-solving	Regular meals, including breakfast	
Rituals or routines	Proper hygiene and grooming	
Individualized instruction	Monitored leisure time	
Accommodation of individual learning styles	Modeling of reading by parents	
Effective motivational activities	Monitored television viewing	
Enrichment materials	Regular home responsibilities	
Adjusted curriculum	Student participation in decision-making and problem-solving	
Support services by a counselor, psychologist, or speech and language therapist		
Communication with parents		

2. Individualized intervention at the classroom level

Definition

"Intervention" occurs when one student or a small group of students is singled out for measures to be taken to deal with a problem clearly in evidence. The objective is to correct the problem in the current setting.

Teacher Intervention

At this point, the classroom teacher may still be the single agent for intervention based on his or her skill and experience in identifying behavior and attempting solutions within the classroom. Teacher intervention should include four steps: assessing, planning, implementing, and evaluating.

Assessing

Representative assessment activities by the teacher are as follows:

- Reviewing records and educational status
- Describing the school's academic and behavioral expectations of the child
- Specifying behavior of concern in observable terms
- Recording frequency of this behavior
- Examining the conditions surrounding the behavior and recording results to questions such as
  - *What immediately precedes the behavior?*
  - *Where does the behavior occur? When? How often?*
  - *At what age did the behavior first occur?*
  - *What effect does the behavior have on educational performance?*
  - *How severe or atypical is the behavior compared to that of the peer group?*
  - *With whom does the behavior occur?*
  - *How do adults react to this behavior?*
  - *What seems to be the cause of this behavior?*
  - *What reinforces this behavior?*
  - *What are the consequences of this behavior?*

Planning

Typical intervention adjustments planned by the teacher are usually in one or more of the following categories:

- *Environmental* — change seating, adjust schedule, change grouping, reduce noise level
- *Academic* — determine academic levels, individualize instruction, diagnose learning style, alter expectations to meet student's performance level, adjust grading system
- *Behavioral* — use contracting, try a token economy, give more praise, try response-cost plan

Each proposed intervention plan should be written, and the time period of intervention and criteria for success specified.

Implementing

As the intervention plan is implemented, the teacher needs to be consistent. Results must also be recorded and documented.

Evaluating

The final step is evaluating the success of the intervention plan. Have the measures taken corrected the problem? The plan may need to be adjusted more than once.

Requests for Assistance

A teacher who has attempted to solve a behavioral problem at the classroom level with minimal success may want to request assistance in modifying instructional techniques or materials. The first level of request is generally made to another individual within the building. The following individuals should be considered:

- Curriculum consultant
- Department head
- Elementary or secondary supervisor
- Intervention assistance team leader
- Principal or assistant principal
- School counselor
- School psychologist

The reason for consulting one or more of these individuals is to secure recommendations regarding modifications to the instructional strategies or materials being used with minimal success with the student. Unless school policies and procedures specify otherwise, such requests for assistance are usually informal and may take place in a personal conference.

3. Individualized intervention at the building level

Intervention Assistance Teams

When the exhibited problems still cannot seem to be solved at the classroom level by the teacher, or by the teacher with assistance from one or more other professionals, the case may merit referral to an *intervention assistance team.*

Models

The two most common models for building-level intervention assistance teams are as follows:

- *Ad hoc teams,* which are formed on demand and maintained as long as needed
- *Standing teams,* which are ongoing and meet at regularly scheduled times throughout the year

Membership

While the composition of the intervention assistance team will vary with the characteristics of each school district, personnel to be considered include the following:

- Building principal
- General education supervisor
- Librarian/media specialist
- Regular classroom teachers (annual, semester, or rotating basis)
- Remedial reading and math teachers
- School counselor
- School nurse
- School psychologist
- Special education supervisor or teacher
- Speech and language pathologist
- Visiting teacher

One member should be designated as team leader. The principal might be considered for this position because of this individual's leadership role and knowledge of potential resources.

Steps for Team Operation

Eight steps are considered appropriate for the operation of building-level intervention assistance teams:

1. Diagnostic information is compiled and forwarded to the team leader by the classroom teacher, together with a request for help from the intervention assistance team.
2. Either meetings of the ad hoc team are called by the leader or the standing team convenes at regularly scheduled times. A printed agenda for each meeting is recommended.
3. Under the direction of the leader, the team identifies the child's current status, teacher efforts to date, and the child's apparent needs. A list of recommended modifications is generated.
4. The team identifies one or more of its members to assist the classroom teacher with the implementation of the plan.
5. An appropriate implementation period is designed.
6. During the implementation period, the team leader or others, as agreed, will observe or consult with the teacher(s) responsible for implementation in order to assess the effectiveness of the plan.
7. At the conclusion of the implementation period, the child's progress is assessed by the team. If progress is evident, the team may recommend continuing the plan as implemented or with minor modifications.
8. If unsatisfactory progress or no change has occurred, the team may recommend alternative modifications or a multifactored evaluation. If the latter is recommended, the information collected to date may serve as the basis for the referral.[1]

[1]Adapted from *Ohio Guidelines for the Identification of Children With Specific Learning Disabilities.* (Columbus: Ohio Department of Education, 1983), pp. 8-9.

Assessing

The intervention teams should consider and answer the following questions. Responses should be used to document the problems and attempted solutions to date.

- What are the behaviors of concern?
- How often are they now occurring?
- How long have they been of concern?
- When do they occur? Age of onset? In what settings?
- How do frequency and severity compare to that of the peer group?
- How do peers react to the behavior?
- How do adults react to the behavior?
- What precipitates the behavior?
- What precedes the behavior?
- Are there health- or nutrition-related concerns?
- What are the teacher's expectations related to the behavior?
- Is there evidence the student can meet the teacher's expectations?
- What interventions has the teacher tried?
- What were the results (frequency relative to baseline data)?
- What problems inhibited carrying out the interventions?
- How long was each intervention tried?
- Were adjustments tried on the interventions?
- What school, home, or community resources have been used?
- What other school, home, or community resources are available?

Planning

The following questions are recommended for use by the team at the planning stage:

- What are the team's objectives for the student (including criteria)?
- What are the team's objectives for intervention?
- Who is going to do what? When?
- What will the cost be? Source of funding?
- What is the projected time line?
- Who will coordinate the team effort?
- How will parents be involved?
- How will the student be informed of the effort?
- How often will the team meet with teachers?
- How will intervention be evaluated?

Two sample forms, titled *Intervention Checklist* and *Intervention Assistance Plan*, provide a structure for obtaining answers to these and other questions. See pages 33-36 for copies, which can be duplicated or adapted for local use. A completed example for the second form is provided on page 16.

Implementing

Questions which provide guidance for implementation are as follows:

- How and when will the teacher report results of intervention trials to the team?
- Who will monitor and assist the teacher with intervention efforts?
- How will documentation be done? By whom?
- Which team member(s) will do classroom observations?

Evaluating

The final area of concern is evaluation where the following questions are recommended.

- How and when will the team convene?
- In what form will reporting of progress be done?
- How often will intervention be adjusted?
- What are the specific criteria for intervention success?
- At what point will the team refer the student for evaluation as suspected severe behavior handicapped?

Note that the intervention assistance team follows the same four-step process as the teacher may have tried earlier.[2]

[2]For more information, refer to *Intervention Assistance Teams*. (Columbus: Ohio Department of Education, 1985).

Sample

Intervention Assistance Plan

(Confidential Student Information)

Student Jason S. Birthdate 8/6/78 Grade 2 Sex M

Teacher Ms. Jones School Creek Elementary

Assess the following. Then use the grid to document intervention strategies.

Target behavior: Verbal outbursts / Increase of noise or movement

Preceding behavior:

Where target behavior occurs: Class, lunch, bus

When does it occur: Anytime

How often: 4x per day average

Age it first occurred: 5

Effect on educational performance: Failing

Compared to peer group: More frequent/severe

With whom does behavior occur: No one special

How do peers react: Laugh, yell, encourage

How do adults react: Ignore / raise voice

Apparent cause of behavior: Easily distracted

Plan/Criterion	B* A E	Implementation Strategy By Whom	Dates	Evaluation Date	Results
Plan: Give token for raising hand to speak Criterion: Minimum of 1 outburst per day	B	Teacher	10/8 - 10/31	10.3.86	No change
Plan: Use contract with reinforcements and consequences Criterion: Same	B	Teacher	10/31 - 11/12	11.12.86	2x per day, takes too much time
Plan: Move seat away from doorway Criterion: Same	E	Teacher	11/12 - 11/30	11.30.86	2x per day, helped somewhat
Plan: Increase reward for contract Criterion: Same	B	Teacher	11/30 - 12/12	12.12.86	1x per day or less, much better!

Continued

*B Behavior A Academic E Environmental

35

Student Jason S.

Plan/Criterion	B* A E	Implementation Strategy By Whom	Dates	Evaluation Date	Results
Criterion: less than 2 per week			4/2	4.2.87	2x per week or less. Success!

Evaluation Date	Results
1.16.87	4x per week
2.6.87	4x per week or less
2.14.87	3x per week
3.6.87	3x per week or less
3.16.87	2-3x per week

*B Behavior A Academic E Environmental

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Implications of SBH Referral

Perhaps more than any other handicapping condition, the stigma associated with the "severe behavior handicapped" label may be of serious consequence. For this reason, parents and professionals are urged to be especially sensitive to the ramifications of a formal referral of a suspected SBH student. Many children can be served appropriately within the regular education program, provided adequate support or modifications are available.

Examples of alternatives to referral that may result in significant improvements in children's behavior include behavior management programs, changes of classroom environment, and support systems such as individual or group counseling by school personnel or community mental health centers. Such activities should emerge from cooperative problem-solving efforts by members of building-level intervention assistance teams.

Formal Referral

Nonetheless, a number of pupils may demonstrate behavior problems which are so severe or acute that attempts at management by the intervention assistance team are not prudent. In other cases, the pupils may not have responded favorably to recommendations offered by the team. When determining whether behavior falls into one of these categories, hence indicating the need for immediate formal referral to a multifactored evaluation team, consider the following questions:

- Is there evidence the student's behavior represents a harmful situation to self or others?
- Is there documentation of the types of modifications attempted, the length of period of implementation of these attempts, and the results of these modifications?
- Is the concern about the nature and severity of the behavior problem shared by more than one individual in more than one setting?
- Is there evidence that the problem behavior is affecting the student's educational performance negatively?

Internal and External Pressures

School officials may find themselves in difficult situations with regard to the identification of severe behavior handicaps in children. Pressures may be applied from inside and outside the system to identify a child as severe behavior handicapped. Simultaneously, other groups or individuals may pressure the district to act in the opposite fashion.

For example, a child who has been identified by the parents as abusing alcohol may be enrolled by the parents in a private treatment facility where the only educational services available are directed toward children with severe behavior handicaps. In such cases, the parents and personnel at the treatment facility may want the child identified as SBH so that an educational program can be provided during the youngster's stay at this facility.

Cautions

School officials who resist such requests on the basis of the child's adequate school performance up to the date of admission to the treatment facility should be prepared to respond to parents and agency officials who insist that the child's treatment program is being hindered.

Steps to Take

Three recommendations are offered here to school officials relative to managing internal and external requests for a pupil to be identified as having a severe behavior handicap.

- As part of an inservice session on all handicapping conditions, regular classroom teachers should be sensitized to the characteristics which may indicate severe behavior handicaps in children. The range of normal childhood and adolescent behavior should be emphasized. The extreme nature of severe behavior handicaps, as well as the seriousness of this label, should also be stressed.
- School officials should inform other major groups with whom they interact (e.g., staff at drug treatment facilities, mental health agencies, psychiatric treatment fa-

cilities, juvenile courts) of the responsibility and authority vested in the school district for the education of handicapped children under PL 94-142.

- School officials are urged to negotiate cooperative agreements with other agencies and facilities providing service to children who subsequently may be referred for identification of severe behavior handicaps. Such agreements should specify individual responsibilities and procedures which will permit the delivery of appropriate services to children without violating their rights to due process.

Due Process Rights

Ohio *Rules* require that parents be informed of due process rights prior to initiation of an evaluation for a suspected handicapping condition. Contact with the child's parent or guardian must be made by school officials before school personnel proceed with the evaluation.

During this preevaluation contact, *the parents must be given written notice of their procedural safeguards.* Statements on criteria for placement into special education programs, on the types of tests or evaluation procedures which will be used to make eligibility and placement decisions, and on the rights of parents to obtain an independent evaluation at no cost to themselves should be included, as well as other safeguards outlined in Rule 3301-51-02 C.[3]

Candor With Parents

School officials need to communicate to parents with clarity and candor what the condition "severe behavior handicap" means and what the results of this label are likely to be. While it is understandable that school personnel may wish to avoid alarming parents during this preevaluation contact, insufficient attention to the suspected handicap (particularly with regard to the seriousness of the SBH label) may result in parents' failure to understand the meaning of "severe" as used in this context. Specifically, persons unfamiliar with the term "severe behavior handicap" may conclude that the program is for children with rather mild "behavior problems."

Parents need to understand that a child with a severe behavior handicap exhibits such behavior *over a long period of time* and *to a marked degree*, and that such behavior *adversely affects educational performance.*

Continuum of Options

In addition to the notice of procedural safeguards, parents (*as a part of prior notice activities*) are to be provided with written information on the district's continuum of program options. This continuum must include, but is not limited to, the following:

- Regular classes
- Regular classes with supplemental services
- Regular classes with individual small group instruction
- Special classes learning centers located in public school buildings
- Special classes learning centers located in separate schools in the district or neighboring districts; county board of mental retardation and developmental disability facilities; the State School for the Blind or the Ohio School for the Deaf; or state institutions operated by the Ohio departments of Mental Health, Mental Retardation and Developmental Disabilities, or Youth Services
- Home instruction

Informed Consent

Parents should be told the nature and purposes of SBH programs, including the fact that children are sometimes housed in separate facilities and do not have opportunities for education with nonhandicapped children.

Emphasis should also be given to the positive impact this placement could have on the child's behavior. The important thing is that the parents have the right to "informed consent."

[3]For more information, refer to *Due Process for Parents of Handicapped Children*, revised. (Columbus: Ohio Department of Education, 1984).

5. Evaluation Team Activities

Rules Requirements

The evaluation team is charged with *two distinct tasks*: conducting a multifactored evaluation and documenting conclusions based on the results of those evaluations. The requirements related to multifactored evaluations are in Rule 3301-51-04 E.1.

a. Each child shall have a multifactored evaluation for initial placement that includes, but is not necessarily limited to, evaluations in the following areas:
   (i) Physical examination completed by a licensed doctor of medicine or doctor of osteopathy;
   (ii) Vision, hearing, and motor abilities;
   (iii) Communicative status;
   (iv) General intelligence as determined through a measure of cognitive functioning administered by a qualified psychologist using a test designed for individual administration;
   (v) Academic performance;
   (vi) Background information inclusive of educational, family and medical history;
   (vii) Informal behavior observation by the child's current teacher and at least one other team member; and
   (viii) Behavior or personality measure.
b. Medical consultation shall be encouraged on a continuing basis, especially when the school authorities feel that there has been a change in the child's behavior or educational functioning or when new symptoms are detected.

See page 20 for a list of all data required for initial evaluations and reevaluations.

Cost-Free to Parents

All evaluation components, including medical consultation, that are completed or requested by the evaluation team must be provided at no cost to the parent or guardian.

Evaluation Data

Many of the instruments used and data required in the assessment of suspected SBH students are the same as those used for students with other suspected handicaps. Specifically, measures of general intelligence, academic performance, sensory abilities, and communicative status will vary little from measures used with other students.

School psychologists often check assessment instruments and hold preliminary interviews with students prior to multifactored evaluations.

Data Required in the Assessment of Suspected SBH Students

Assessment Areas	Required for Initial Evaluation	Required for Reevaluation	Suggested Sources of Data
Physical examination	X		Licensed doctor of medicine or doctor of osteopathy[1]
Vision	X		Vision specialist Physician or school nurse
Hearing	X		Audiologist Speech-language pathologist Physician or school nurse
Motor abilities	X		Psychologist or school psychologist Adapted or regular physical education teacher Occupational or physical therapist Physician or school nurse Regular classroom teacher
Communicative status	X		Speech-language pathologist Psychologist or school psychologist Regular or special education teacher Special education supervisor Counselor
General intelligence	X	X	Psychologist or school psychologist[1]
Academic performance	X	X	Regular or special education teacher Educational or reading specialist Psychologist or school psychologist Special education supervisor
Educational history	X	X	Psychologist or school psychologist Teacher Principal Counselor Parent
Family history	X	X	Psychologist or school psychologist Principal Counselor Parent
Medical history	X	X	Physician or school nurse Parent
Informal behavior observations	X	X	Child's current teacher[1] and at least one other team member[1] such as the following: Psychologist or school psychologist Special education supervisor Principal, counselor, or educational specialist
Behavior or personality measure	X	X	Psychologist or school psychologist Counselor

[1]Participation required by Ohio Rules

Data requirements which are unique for suspected SBH students are *background information* (educational, family, and medical) and results of the *abnormal behavior observations* and *behavior or personality measures*.

Background Information

Details on educational, family, and medical history must be acquired by interviewing parents, guardians, or other primary caretakers. This information is critical for determining eligibility and should be summarized in writing. *Parent permission to acquire such information should be in writing, and confidentiality procedures must be followed.*

In addition to parents or guardians, the following are potential sources of information:

- Current and previous teachers
- School administrators
- Building intervention assistance teams
- Cumulative folders or special education records
- Previous medical information (physical, neurological, psychiatric)
- Certificated support personnel (e.g., school nurse, counselors)
- Classified support personnel (e.g., bus drivers, custodians, aides, secretaries)
- SERRC assessment team
- MR/DD or SBH agency personnel
- Human services agencies or private mental health providers
- Court records
- Advocates or advocacy groups
- Community resources (e.g., ministers, youth leaders, employers)

Answers to questions such as these may provide supportive information and contribute to the identification of SBH characteristics and qualifiers.

- Has there been a change in family structure or relationships?
- Is there a history or evidence of chemical abuse?
- Is there a history or evidence of physical or emotional abuse?
- Has there been a medical trauma?
- Has there been a significant change in economic status?
- Is there evidence of serious community or environmental change?
- Has the student experienced significant school staff changes?
- Is there evidence that the student has had an extreme episode (e.g., rape or suicide attempt)?
- Have there been changes in residence?
- Has the student been judged delinquent?

A sample form for collecting background history is on page [illegible].

Behavioral Behavior Observations

Observation of suspected handicapped children is logical and required as a part of the evaluation process. For the area of behavior, observation is critical. Identification as severe behavior handicapped will have a significant impact on a student and must be supported by numerous, well-planned, data-based observations.

The *Rules* require a "clear description" of the behavior(s) of concern. Therefore, district personnel conducting the evaluation should define the problem behavior in observable terminology. If the behavior cannot be seen or heard, it probably cannot be observed reliably.

Relevant Settings

Behavior should be observed in relevant settings where problems are occurring. Arrangements need to be made to observe at problem times, not just when it is convenient for the observer. Observation validity is susceptible to the student's awareness of being observed. The observer should be someone who is not totally unexpected as a visitor in the setting.

Frequency Counts

The form also requires a "measure of frequency of occurrence" in terms of "times per minute, hour, day or other time limit." Typical measures are counts and period of time. Observations are most easily added as a form which is designed to record frequency or duration. Anecdotal or narrative descriptions rarely add this requirement and tend to reflect observer values. The descriptions are usually not detailed enough to provide the information necessary to complete the form report.

Programs

One of the most important values of an observation is the support it gives to results of norm-referenced tests. This is especially relevant to behavior or personality measures. If observational data are consistent with norm-referenced data, the final classification decision is more valid and better documented.

Observers can also consider effects affect on educational performance. Do the results of norm-referenced evaluation and observed classroom performance support the identification of a handicap which adversely affects educational performance?

Observations are most supportive to other evaluation data and the identification process if they are done over a period of time and on several occasions. Complete and careful observations are vital to accurate determination that the behavior is as severe as to be a handicap.

Sample behavior observation forms are included on pages 11, 12, and 13.

Behavior or Personality Measures

The assessment of behavior or personality is crucial to determining whether a severe behavior handicap exists. Therefore, the selection of assessment instruments deserves careful consideration. Results of behavior or personality assessment will also have applicability for intervention design.

The assessment of behavior and the assessment of personality serve separate purposes. *Behavior measures* describe or categorize the range of observable behaviors. *Personality measures* may lead to hypotheses concerning the origin of the behavior and associated internal factors. Assessment of both behavior and personality are complementary aspects of a comprehensive evaluation. Assessment in this area may include the following types of behavior and personality measures.

Behavior Rating Scales and Checklists

A parent or teacher can use a behavior rating scale or checklist to rate a student's behavior in a variety of categories. Ratings may be on a yes/no scale or a continuum with numerous categories.

Ratings typically yield a description of the student's behavior in several clusters or factors, rather than yielding a total picture of the student's behavior. Rating scales result only in estimates of the extent of behavior in the specific categories which make up the scale. When selecting an instrument the following should be considered:

Students need frequent and daily monitors to make progress toward achieving academic objectives.

- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

- [illegible]
- [illegible]

[illegible]

[illegible]

> [illegible]

[illegible]

[illegible]

Matrix of Personality and Behavior Measures

Type of Measure	Advantages	Disadvantages	Sample Instruments
Behavior rating scales and checklists	Efficient, cost effective Can be used as screening tools Inter-rater differences may provide information about situational differences in behavior Can be used to summarize and support interview or observation data Data tend to be objective	May reflect values, attitude, and motivation of rater Inter-rater differences may be difficult to interpret May lack a time frame on which to base ratings Reliability and validity vary with instrument Norms may be based on clinical population	Adjective Checklists Behavior Evaluation Scale Burk's Behavior Rating Scale Child Behavior Checklist (Achenbach) Devereux Adolescent Behavior Rating Scale Devereux Elementary School Behavior Rating Scale
Self-report devices	Flexible Easy to administer May tap subject's self-perceptions	Affected by subject's language ability and motivation Reliability and validity questionable Devices requiring qualitative scoring rely on subjective interpretation Scoring complex and time consuming	Mooney Problem Checklist Piers-Harris Children's Self-Concept Scale
Personality inventories*	Easy to administer Minimal examiner time Some devices may be computer scored Group or individual administration Format norms tend to be available	Respondent reading skills required Often very lengthy Susceptible to "faking," response patterns, and perseveration Observations of test-taking behavior not integrated into interpretation Factored traits often too general for use in designing interventions Factored traits often not sensitive to small, observable changes in behavior Factored traits may need further standardization and validation	California Psychological Inventory Children's Personality Questionnaire Early School Personality Questionnaire Minnesota Multiphasic Personality Inventory
Projective instruments*	May help establish rapport with subject Easy to administer Permits examiner to observe respondent behaviors Permits broad range of individualized responses Intended to tap inner structures of personality and measure global nature of personality Drawings may provide clues to developmental level and suggest areas for further investigation	Interpretation relies on clinical judgment Reliability and validity questionable Administration and scoring instructions vague May be difficult to relate results to observable behavior Sensitive to situational variables such as stress or fatigue Normative data inadequate	Bar-ilan Picture Test for Children Children's Apperception Test Forer Structured Sentence Completion Test House-Tree-Person Test Human Figure Drawing Kinetic Family Drawing Rorschach Ink Blot Test Rotter Incomplete Sentence Blank School Apperception Test Symonds Picture Story Test Thematic Apperception Test

*Administration and interpretation of personality inventories and projective instruments require specialized training in psychology or school psychology.

Medical Variables

Children require a physical examination for initial identification of severe behavior handicaps. Ongoing medical consultation is encouraged. A number of chronic and acute medical conditions are associated with behavioral characteristics which may lead to identification of severe behavior handicaps in children.

The following physical disorders are illustrative of several which have behavioral components. It would, however, be erroneous to assert that all or even a majority of children having these medical diagnoses would be appropriately identified as severe behavior handicapped. Each case must be considered individually, especially with regard to such factors as chronicity, frequency, intensity, and adverse effect on educational performance.

This list of medical conditions, along with illustrations and implications, may be of relevance to multifactored evaluation teams when evaluating a child with a suspected severe behavior handicap.

Medical Conditions	Illustrations	Implications
Allergies reaction to foods or environmental substances	Some children have individual sensitivity to specific foods or substances in the environment which may or may not have been diagnosed. Behaviors associated with exposure to the offending substances include tiredness, irritability, hyperactivity, impaired attention and concentration, depression, and anxiety.	Case study information suggests that children identified as "good responders" may show a dramatic reduction in these symptoms when their diet or environment is changed or controlled to minimize contact with the offending substances.
Chemical dependency substance abuse	Students who abuse alcohol or drugs may display a number of behaviors which are similar to those which indicate a risk status for severe behavior handicaps. Examples of behaviors include sudden mood swings or personality changes, withdrawal from extracurricular activities, increase in school truancy, feelings of depression, and increased irresponsibility about school or home activities.	The identification of a chemically dependent condition requires a separate procedure from evaluation for a suspected severe behavior handicap. Furthermore, while a chemically dependent youth may also display characteristics of a severe behavior handicap, the two conditions are not synonymous. Therefore, identification of chemical dependency or substance abuse does not imply the presence of a severe behavior handicap.
Epilepsy	Although it is rare, certain types of seizure disorders are characterized by repetitive, bizarre, stereotyped behaviors which might be misinterpreted by school personnel as an indication of a severe behavior handicap. Sometimes these episodes are accompanied by visual, auditory, or gustatory hallucinations. The child experiencing a seizure of this type may appear frightened or engage in sudden aggressive behaviors which may suggest the presence of a seizure disorder.	The parent or a physician should be alerted so that appropriate medical consultation can be obtained and seizure control measures prescribed.
Head injuries	Recent evidence suggests that even mild head injuries may be associated with significant changes in behavior. Some of these behaviors (including distractibility, argumentativeness, irritability, poor social judgment, and aggressiveness) are similar to those which have been related to severe behavior handicaps in children.	Multifactored evaluation team members are advised to compile a careful history as part of the evaluation process in order to determine whether a head injury might have occurred.

Medical or Behavioral?

SBH identification is properly derived for some children having some of the conditions outlined on page 25. In other cases, medical diagnoses may rule out the presence of a severe behavior handicap. This situation might be one in which the behavioral indicators of the condition are acute (i.e., of a short-term nature) rather than chronic, or the indicators may be associated with specific medical treatment resulting in resolution of the offending behavior.

The IEP team might conclude that the behavior is affecting educational performance adversely; however, if the etiology can be traced to a medical condition, identification in the special education category "Other Health Impaired" might be more appropriate.

Two sample medical information forms are included on pages 44-47.

Special Considerations

In addition to the data requirements already discussed in this chapter, the following special considerations should also be addressed as a part of the evaluation process.

Age Factors

When evaluating potential SBH candidates, it is important to consider both the student's developmental and chronological ages. Some behavior problems typically occur at certain age levels and would not, therefore, qualify as handicapping conditions.

Chronological or Developmental

For example, a student who is disturbed by nightmares that include wild, ferocious animals may be demonstrating "a tendency to develop physical symptoms or fears associated with personal or school problems," but this behavior is considered typical for a student whose chronological or mental age is five years. Of course, the intensity, frequency, duration, and setting of the behavior must also be reviewed when determining whether a behavior is abnormal.

Developmental Norms

If evaluation team members question the age-appropriateness of specific behaviors, reference to developmental norms may provide a valuable perspective on the behaviors being questioned. Publications by recognized child development experts (e.g., Piaget, Gesell, Ilg) may be helpful as well as developmental scales like the *Brigance Diagnostic Inventory of Early Development* or the *Denver Developmental Screening Test.*

Cultural Variables

When interpreting the results of formal evaluations, behavior rating scales, and classroom observations, diagnosticians must consider the potential influence of demographic variables, including ethnic background and socioeconomic status. A number of behaviors which are considered inappropriate within the majority culture (e.g., physical or verbal aggression or failure to make eye contact) may be interpreted otherwise within the context of cultural, ethnic, or socioeconomic minorities.

Cause Versus Treatment

Matching the problem with eligibility presents a major challenge to evaluation team members. Intensive review and consideration must be given to determining the causes of the referral behaviors in order to conclude whether eligibility for SBH is the appropriate alternative. For example, new developments in language therapy indicate that language deficits may indeed be a major cause of inappropriate school behaviors. Severe learning problems with resulting student frustrations are another cause of disruptive and unacceptable behavior.

In considering eligibility, great thought must be given to the various options. SBH identification should occur only after other school intervention programs or support services have not proven effective or have been ruled out as inappropriate.

6. Determination of Eligibility

Prerequisites

Steps preceding determination of severe behavior handicapped eligibility include reviewing all the data to assure completeness and validity and to identify whether age factors, cultural variables, and situational considerations have been discussed.

Final Determination

To determine for certain that a student is eligible for SBH placement, the multifactored evaluation team must respond positively to the four numbered questions below and be able to provide supportive documentation. Answers to the secondary questions will help crystallize the final determination.

1. Is there a behavioral condition characterized by one or more of the five characteristics in the SBH definition?
   - Which one or more of the characteristics are indicated and what data document these findings?
   - What is the relationship of the observed behavior to the academic and social functioning of the child in his or her present educational placement?
   - Have adequate and appropriate interventions and preventive measures been tried?
2. Has the condition existed over a long period of time?
   - Specifically, how long has the problem been documented?
   - Has it persisted in spite of appropriate and adequate intervention?
   - Have interventions been systematically implemented and evaluated?
3. Does the condition exist to a marked degree?
   - Is the behavior "intense"? Has the behavior of nonreferred children been observed in the same setting to support the intensity of the behavior? If such measures are not possible, what other comparative measures are available?
   - What is the basis for making the determination of "marked degree"?
4. Does the behavioral condition adversely affect educational performance?
   - Is there a difference between the child's achievement/skill mastery and expected performance?
   - If yes, what is the basis for this determination? For example, is there a significant difference between expectancy measures (e.g., stanine projections, cognitive projections, expectancy formulas) and actual performance (achievement or skill mastery levels)? If so, in what specific ways has this difference been documented?
   - What evidence, if any, indicates that the difference between achievement/skill mastery and expected performance is primarily due to cognitive, sensory, or other health factors?

Documentation

Specific documentation used to determine SBH eligibility is a critical component of written team reports, which will be discussed next.

7. Evaluation Team Reports

Purposes

Ohio *Rules* state that a written report shall be completed for each child evaluated for severe behavior handicaps. This report is developed for three main purposes.

- To summarize and interpret the results of the multifactored evaluation data as the basis for making a determination of eligibility.
- To provide the IEP team with an organized set of information for use in making decisions about placement.
- To provide the teacher(s) with the information needed to develop the student's educational program based on appropriate goals and objectives.

Required Components

Each evaluation team report must, according to Rule 3301-51-04 E.1.c., include a statement of

(i) Whether or not the child has a severe behavior handicap;
(ii) The basis for making the determination;
(iii) The relevant behavior noted during the informal behavior observations of the child including:
  (a) A clear description of the behavior patterns of concern;
  (b) Measure of frequency of occurrence of the behavior in terms of times per minute, hour, day, or other time limit; and
  (c) An indication of the intensity of the behavior pattern, i.e., how extreme the behavior is relative to the peer group;
(iv) The relationship of the observations to the norm referenced tests;
(v) How the conditions adversely affect educational performance; and
(vi) Conclusion that the behavior is not a result of a social maladjustment.

This Rule also states that each team member shall certify in writing whether the report reflects his or her conclusion. If not, the team member must submit a statement presenting this separate conclusion.

A listing of the various components and concepts that are to be included in the written report follows with references to the pages of this *Handbook* which address each area.

The written evaluation team report and attachments *are* the documentation of the team's discussion and decision of eligibility.

Sample Forms

Two sample evaluation team report forms, which may be reproduced or adapted for local use, appear on pages 48-55.

Evaluation Team Report Components and Concepts

Parts	Components	Concepts	Pages
1	**Whether the child has a severe behavior handicap**	Chart defining SBH	7
		Determination of eligibility	27
2	**Basis for making the determination**	Definition of SBH	6-11
		Evaluation instruments and procedures	19-24
		Matrix of personality and behavior measures	24
		Medical variables	25
		Age and cultural variables	26
		Determination of eligibility	27
3	**Clear description of behavior patterns**	Marked degree	10
		Informal observations	21-22
		Relevant settings	21
		Behavior or personality measures	22
		Behavior scales and checklists	22
4	**Frequency of occurrence of behavior in specific terms**	Prereferral intervention	12-17
		Observation of behavior	21-23
		Formal behavior measures	22-23
5	**Intensity of behavior pattern**	Individualized intervention at classroom level	12-13
		Assessing behavior patterns	15
		Observation of behavior	21-23
		Formal behavior measures	22-23
6	**Relationship of observations to norm referenced tests**	Marked degree; adverse effect	10
		Key questions	11
		Observation of behavior	21-23
		Formal behavior measures	22-23
		Matrix of personality and behavior measures	24
7	**How conditions adversely affect educational performance**	Marked degree; adverse affect	10
		Key questions	11
		Determination of eligibility	27
8	**Not a result of social maladjustment**	Concerns related to definition	11
		Internal and external pressures	17
		Background information	21
9	**Other components**	Evaluation team activities	19-21
		Medical variables	25
		Special considerations	26
		Cause versus treatment	26

Regular staffings are held to review the behavioral and academic progress of individual students.

8. IEP Conferences and Placement

Final Step

The final step in the process of identifying a severe behavior handicapped child is the IEP conference. Participants in this conference, including one or both parents, meet after eligibility has been determined by the multifactored evaluation team.

Required Tasks

The requirements for IEP activities are set forth in Rule 3301-51-02 E., which states in part

d. The IEP conference participants shall:
   (i) Review the multifactored evaluation team report;
   (ii) Determine the nature and degree of special education intervention needed, if any;
   (iii) Develop an individualized education program for a child determined to be in need of special education in accordance with all requirements of paragraph E. of this rule; and
   (iv) Determine educational placement in the least restrictive environment in accordance with the IEP.

The primary purpose of this *Handbook* is to assist with the evaluation process. Therefore, the specifics for designing IEPs are not included here. Keep in mind, however, that development of an IEP is a significant step in the identification process, and the development of an IEP for a severe behavior handicapped child differs from that of children with other handicapping conditions.[1]

The primary problem of a child eligible for SBH placement is inappropriate behaviors in, or related to, the school setting. Therefore, a portion of the IEP needs to contain goals and objectives which deal specifically with changing behaviors identified as being severe enough to adversely affect educational performance. These goals and objectives should be developed from present levels of performance and must include measurable criteria.

Placement Based on Need

The final responsibility of the IEP team is to determine educational placement in the least restrictive environment in accordance with the IEP. The decision regarding placement must consider the nature and severity of the handicap.

A placement decision may be complicated if the most appropriate and least restrictive program to meet the child's needs is not available in the district. An example might be a child who does not need full-time special class placement. The solution may be a part-time placement in a special class, accompanied by individual counseling from the school psychologist and part-time placement in a regular class.

The fact that the district does not have an SBH class does not relieve the district from the responsibility to provide this service.

Placement Options

Both federal and state rules require the team to consider the following continuum of placement options. The team should use this continuum, along with a questioning process, to make its recommendation.

[1]A publication detailing IEP development will be published by the Ohio Department of Education, Division of Special Education, in the near future.

Continuum of Placement Options	Questioning Process
	Can this child be totally educated in a regular public school class? If yes, the child is probably not in need of special education services.
Regular class with supplemental services is full-time, regular education placement with special support materials, equipment, instructional techniques, or a technical assistance consultant.	If no, can this child be educated in a regular public school class if provided with supplemental services? If yes, specify on an IEP.
Regular class with individual/small group instruction is full-time, regular education placement with the student leaving the classroom for a period of time for instruction that supplements the regular education program. This instruction may be delivered individually or in a small group setting.	If no, can this child be educated in a regular public school class if also provided with individual/small group instruction? If yes, specify on an IEP.
A *special class/learning center* may be a special education classroom in a public school. Students who need specially designed instruction may be served in the special class all day for all subjects or be placed part time in a special class, or learning center, and part time in a regular education classroom.	Can this child be educated in a special class/learning center located in a public school building? If yes, determine if placement should be full time or part time and specify on an IEP.
A *special class/learning center* may also be in a separate facility which serves only handicapped children of comparable school age. Students are placed there on a full-time basis. Occasionally, they may be transported to activities with nonhandicapped children, but usually all instruction and related activities are with handicapped children.	Can this child be educated in a special class/learning center located in a separate school in the school district or in a separate facility? **If yes, the team must document the needs which necessitate placement in a separate facility with handicapped children only, either as an attachment or within the IEP.**
Home instruction is a program specially designed for a student who is so severely handicapped that he or she cannot attend school even with the aid of special transportation. The instruction is provided *in the home, hospital, or other appropriate facility* for a minimum of one hour for each day the child is unable to attend school.	Can this child be educated if provided with home instruction? If yes, the team should specify the needs which necessitate provision of instruction in a home or hospital setting.

Momentum Toward Excellence

If all steps in this *Handbook* are followed, each student under review will benefit from the careful and thorough work of a multifactored evaluation team and an IEP team. Furthermore, each student will be served in the least restrictive environment, where educators are challenged to ensure that a momentum toward excellence continues.

Here an SBH teacher compliments a class of primary students for the number of points earned for improved behavior.

9. Sample Checklists and Forms

Suggestions for Use

To assist local school districts in the implementation of the guidelines presented in this *Handbook*, a number of sample checklists and forms were created for this document or adapted from ones in current use. School personnel are encouraged to duplicate these forms or adapt them to meet specific local needs.

Samples

Title	Page
Intervention Checklist	33
Intervention Assistance Plan	35
Background History	37
Behavior Observation Form A	41
Behavior Observation Form B	42
Behavior Observation Form C	43
Medical Information Form A	44
Medical Information Form B	46
SBH Evaluation Team Report Form A	48
SBH Evaluation Team Report Form B	54
Least Restrictive Environment Options	56

SBH teachers meet specific academic needs by individualizing instruction.

35

Sample

Intervention Checklist

(Confidential Student Information)

Student _____ Class/Grade Level _____ Recorder _____

This checklist is designed to provide ideas, but is not all inclusive. The results can also serve as documentation of intervention procedures.

School Procedures	Comments	Date
Have activities and materials been varied?		
Have appropriate curriculum adjustments been made?		
Have individual learning styles been accommodated?		
Have individual instruction techniques been implemented?		
Have alternative instructional techniques been tried?		
Have effective classroom rules been established, updated, and modified as necessary?		
Has the appropriateness of the student's schedule been reviewed?		
Have positive reinforcement techniques been tried?		
Have effective motivational activities been implemented?		
Has a consistent discipline plan been implemented?		
Has student contracting been tried?		
Have disruptive behaviors been targeted and possible precipitating events been identified?		
Have time-out techniques been implemented?		
Has the school communicated with the parent(s)?		
Have parents been provided information on positive reinforcement techniques?		
Has peer tutoring been tried?		
Have guidance counselors been involved?		
Has an intervention assistance team been involved?		
Has a change in instructors been considered?		
Can the student be assigned to another building?		
Other _____		

Continued

Sample

Intervention Checklist (continued)

Student _____

Home Procedures	Comments	Date
Do the parents have information about organizations or agencies which may help?		
Do the parents and school personnel communicate regularly?		
Has a study area been provided in the home?		
Do parents assist with and monitor homework?		
Has a system for monitoring leisure time and TV use been implemented?		
Do the parents use positive reinforcement techniques?		
Has the student been assigned responsibilities in the home?		
Is the student involved in decision-making and problem-solving?		
Other _____		

Community Procedures		
Has the use of recreational facilities been explored?		
Have free or low-cost medical services been used?		
Have mental health services been used?		
Has assistance of the police department been requested?		
Has the juvenile court been used for assistance?		
Other _____		

Sample

Intervention Assistance Plan

(Confidential Student Information)

Student _____ Birthdate _____ Grade ____ Date ____

Teacher _____ School _____

Assess the following. Then use the grid to document intervention strategies.

Target behavior _____ Effect on educational performance _____

Preceding behavior _____ Compared to peer group _____

Where target behavior occurs _____ With whom does behavior occur _____

When does it occur _____ How do peers react _____

How often _____ How do adults react _____

Age it first occurred _____ Transient cause of behavior _____

Plan/Criterion	Type*	Implementation Strategies		Evaluation	
		By Whom	Dates	Date	Results
Plan: Criterion:				/ /	
Plan: Criterion:				/ /	
Plan: Criterion:				/ /	
Plan: Criterion:				/ /	

*B Behavior A Academic E Environmental

Continued

Sample

Intervention Assistance Plan (continued)

Student: _____

Plan/Criterion	Area	Implementation Strategy		Evaluation	
		By Whom	Dates	Date	Results
Plan: Criterion:					
Plan: Criterion:					
Plan: Criterion:					
Plan: Criterion:					
Plan: Criterion:					
Plan: Criterion:					

B Behavior A Academic E Environmental

Example

Background History

Confidential Student Information

A. Identifying Data

Student: _____ Nickname: _____ Sex: _____ Grade: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Interviewer: _____ Title: _____ Date: _____

Interviewee: _____ Relationship to Student: _____

B. Educational History

Previous schools attended, including dates: _____

_____

Grades repeated: _____ Current reading level: _____ Current math level: _____

Have or have you been tested for use of present educational services:

_____ Previous psychological evaluations _____ Hearing screening

_____ Intervention services and dates _____ Vision and eye exam

_____ Special educational placement, specify _____ Remedial programs, specify

_____ _____

_____ Special education related services, specify _____ Other (e.g., private tutoring)

C. _____ _____

Additional Notes:

Sample

Background History (page 2)

Student _____

C. **Family Information**

Child's status ___ Natural/adopted ___ Foster Lives with _____

Name of parent(s) or guardian(s) _____

Father's occupation _____ Mother's occupation _____

Names of Siblings	Age	Grade	Names of Siblings	Age	Grade

Siblings or others who reside in the home _____

Effective methods of discipline used by parents and guardians _____

_____

Recent or past crisis in the family ___ Yes ___ No If yes, describe briefly

_____

Additional notes

D. **Current Behavioral Data**

Plays best with ___ 1 or 2 other children ___ Large group ___ Alone

Has friends ___ Yes ___ No Names, if relevant _____

Friends are usually ___ Same age ___ Older ___ Younger

Friends are usually ___ Same sex ___ Opposite sex ___ Both

Frequently fights with other children ___ Yes ___ No If yes, where? _____

Temper tantrums ___ Yes ___ No If yes, how often and how long? _____

_____

Eating habits ___ Good ___ Poor Eats breakfast regularly ___ Yes ___ No

Goes to bed when told ___ Yes ___ No ___ Sometimes Bedtime is _____ p.m.

Waking ___ Day ___ Night Sleeping annoyances ___ Day ___ Night

Continued

Sample

Background History (page 3) Student _____

- Ability to follow instructions _____

_____

Respect for his or her property and the property of others _____

_____

Response to correction _____

_____

Rapport with adults outside the home _____

_____

Rapport with other children _____

_____

Feelings about school _____

Comments about school at home _____

Daily responsibilities in the home ___ Yes ___ No If yes, describe briefly _____

_____

Regularly scheduled study time ___ Yes ___ No When _____

Quiet place to study ___ Yes ___ No Where _____

Help with studies from family members ___ Yes ___ No Who _____

Member of organizations, church groups, or recreational programs ___ Yes ___ No

Favorite one(s) _____

Responds better to ___ Father ___ Mother ___ Both ___ Other (specify) _____

Supervision after school ___ Yes ___ No Where, if outside the home _____

Activities the family enjoys together _____

_____

Other family members with current or past learning or behavior problems ___ Yes ___ No

If yes, describe briefly _____

Student's major problems, in opinion of interviewee _____

Additional notes

Continued

Sample

Background History (page 4)

Student _____

E. Medical History

Prenatal and birth data

Premature ___ Yes ___ No Duration of labor _____

Other relevant information _____

Early childhood medical problems (e.g., operations, convulsions, high fever) _____

_____

Child ever hospitalized ___ Yes ___ No List reasons and dates _____

_____

Family history of drug or alcohol abuse ___ Yes ___ No If yes, describe briefly.

_____

Student uses chemicals ___ Yes ___ No ___ Not su.

Drug paraphernalia ever found in the home ___ Yes ___ No If yes, describe briefly.

_____

Additional notes

F. Community Services

Type of Agency	Contact Person	Date	Description
Counseling			
Juvenile Court			
Human Services			
Other			

Recreational Involvement

Sports _____ Arts _____

Music _____ Clubs _____

Additional Notes

43

Continued

Behavior Observation Form A

(Confidential Student Information)

_____ Class/Grade Level _____ Date of Observation _____

_____ District _____ Teacher _____

_____ Observer _____

	Target Child (frequency counts)	Control Child (frequency counts)
ty		
ne		

Sample

Behavior Observation Form B

(Confidential Student Information)

Student _____ Birthdate _____ Teacher _____ School _____ District _____

Date	Time Start/ Time Stop	Specific Behavior	Frequency (Tally or Number)	Specific Location or Subject	With Whom	What Preceded This Behavior (Possible Cause)	1. Peer Reaction (laugh, fight, ignore) 2. Adult Reaction (ignore, laugh, raise voice) 3. Consequence 4. Other
							1. _____ 2. _____ 3. _____ 4. _____
							1. _____ 2. _____ 3. _____ 4. _____
							1. _____ 2. _____ 3. _____ 4. _____
							1. _____ 2. _____ 3. _____ 4. _____

Comments

_____
Observer's Name and Title

Sample

Behavior Observation Form C

(Confidential Student Information)

Student _____ Date of Birth _____ School _____

Observer _____ Title _____ Date _____

1. Describe the behavior pattern(s) of concern noted during the observations of the student.

2. Indicate the measure of frequency of the behavior in terms of time per minute, hour, day, or other frequency.

3. Describe the intensity of the behavior pattern(s) relative to the peer group.

4. Relate the observations to results on norm referenced tests.

5. Describe how the student's condition adversely affects educational performance.

Sample

Medical Information Form A

(Confidential Student Information)

TO BE COMPLETED BY THE SCHOOL

Child _____ Date of birth _____ Current age _____ Sex _____

Parents/guardians _____ Address _____ Phone _____

School _____ Address _____ Phone _____

Referral date _____ Contact person _____ Phone _____

This child has been referred for a physical examination as a part of a special education multifactored evaluation to determine if a **severe behavior handicap** or **serious emotional disturbance** exists. The child has exhibited the following behaviors which are of concern.

At school

At home

In the community

TO BE COMPLETED BY A LICENSED DOCTOR OF MEDICINE OR OSTEOPATHY

Information in the following areas would be helpful.

General health

Motor functioning

Neurological findings

Allergies

Continued

Sample

Medical Information Form A (continued)

Child _____

Diet considerations

Vision

Hearing

Other

Medications, including purpose

Please indicate ways in which any of the above may adversely affect behavior.

Is further medical evaluation recommended for any specific area? If so, specify.

In what ways may your medical findings affect the school's educational or behavioral planning?

In what ways can school personnel facilitate ongoing communication with you?

Physician's name, address, and telephone number
(typed or stamped)

_____
Physician's Signature

_____
Date

Sample

Medical Information Form B

(Confidential Student Information)

TO BE COMPLETED BY SCHOOL

Child _____ Date of Birth _____ Current Age ____ Sex ____

Child's Address _____ Parent/Guardian _____

Date of Last Medical Exam _____ Home Phone _____ School Phone _____

School Contact _____ School Address _____

TO BE COMPLETED BY PHYSICIAN; NOTE TEST RESULTS, IF APPLICABLE

Weight	Any physical defect or condition (orthopedic, cardiac, etc.) which may limit participation in physical education or other school activities?
Height	
General appearance	Is the child on a special diet? (If yes, attach a copy of the diet.)
Skin	
Posture	
Eyes	Vision: Right eye (O.D.) 20/____ Left eye (O.S.) 20/____
Ears	Both eyes (O.U.) 20/____ Note any eye condition or defect in vision which may affect educational performance.
Nose	
Throat (tonsils)	Hearing: Right ear _____ Left ear _____ Note any ear condition or hearing defect which may affect educational performance.
Mouth	
Neck	
Heart	Note any condition which may result in a classroom emergency such as epilepsy, fainting episodes, diabetes, heart condition, or allergic reactions.
Blood pressure	
Lungs	Note any neurological difficulties or recommendations for further neurological testing.
Abdomen	
Extremities	
Nervous system	Is child currently on medication? _____ If yes, will medicine need to be administered at school? _____ If yes, complete the back of this form.
Urinalysis	
Other	

Remarks and Recommendations

Physician's name and address (stamped or typed)

_____ Physician's Signature

_____ Date

5 1/2

Continued

Sample

Request for Administration of Medication at School

TO BE COMPLETED BY PARENT

I hereby request that _____ (Child's Name) receive medication during the school day as recommended below by our physician.

_____ Parent's Signature

_____ School Child Attends

_____ Address

_____ Telephone

_____ Date of Request

TO BE COMPLETED BY PHYSICIAN

Please outline the physical condition(s) which require medication during the hours the child named above attends school.

_____

_____

Specify medication and dosage _____

_____

Provide instructions for administering _____

_____

_____ Physician's Signature

_____ Telephone

_____ Date

Sample

SBH Evaluation Team Report Form A

(Confidential Student Information)

Student _____ Date of Birth _____ Current Grade Level _____

School District of Residence _____ School of Enrollment _____

Team Chairperson _____ Title _____

REASON FOR REFERRAL

Referred by _____ Date _____

BACKGROUND INFORMATION

Educational History

Information _____ Date _____

Family History

Information _____ Date _____

Medical History

Information _____ Date _____

Continued

Sample

IEP Evaluation Team Report Form A (page 1)

Student: _____

SUMMARY AND INTERPRETATION OF CURRENT ASSESSMENT INFORMATION

Speech / Language

Psychologist _____ Date _____

Academic Performance

Assessor _____ Title _____ Date _____

Continued

Sample

SBH Evaluation Team Report Form A (page 3) Student _____

Vision*

Assessor _____ Title _____ Date _____

Hearing*

Assessor _____ Title _____ Date _____

Motor Ability*

Assessor _____ Title _____ Date _____

Physical Examiner

Physician _____ Date _____

Communicative Status*

Assessor _____ Title _____ Date _____

*Not required for reevaluation

Continued

Sample

SBH Evaluation Team Report Form A (page 4) Student _____

OBSERVATIONS

Behavior(s)	Frequency	Intensity Compared to Peer Group	Measurement Techniques

Current Teacher _____ Title _____ Date _____

Behavior(s)	Frequency	Intensity Compared to Peer Group	Measurement Techniques

Other Team Member _____ Title _____ Date _____

BEHAVIOR/PERSONALITY MEASURE

Assessor _____ Title _____ Date _____

RELATIONSHIP OF OBSERVATIONS TO NORM-REFERENCED MEASURES

Interpreter _____ Title _____ Date _____

Continued

Sample

SBH Evaluation Team Report Form A (page 5)

Student _____

CONCLUSIONS AND ELIGIBILITY DETERMINATION

1. The student has a behavior condition characterized by one or more of the five characteristics in the definition for SBH. ___ Yes ___ No

   Identify the condition.

   Check the applicable characteristic(s).
   - ___ An inability to learn, which cannot be explained by intellectual, sensory, or health factors
   - ___ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
   - ___ Inappropriate types of behavior or feelings under normal circumstances
   - ___ A general pervasive mood of unhappiness or depression
   - ___ A tendency to develop physical symptoms or fears associated with personal or school problems

   Briefly restate the data from pages 1-4 of this report which support the above conclusion.

2. The condition has existed for a long period of time. Summarize and interpret the assessment data which support this conclusion. If none, the student does not qualify as SBH. ___ Yes ___ No

3. The condition exists to a marked degree. Summarize and interpret the assessment data which support this conclusion. If none, the student does not qualify as SBH. ___ Yes ___ No

Continued

Sample

SBH Evaluation Team Report Form A (page 6) Student _____

4. The condition adversely affects educational performance. Summarize and interpret the assessment data which support this conclusion. If none, the student does not qualify as SBH. ___ Yes ___ No

5. The student's behavioral condition is the result of social maladjustment.* If yes, summarize and interpret the data which support this conclusion. ___ Yes ___ No

6. Additional comments

7. Based on the above determinations, does this child have a severe behavior handicap as defined by the Ohio *Rules for the Education of Handicapped Children*? ___ Yes ___ No

STATEMENT OF AGREEMENT Date _____

Team members signing below agree with the conclusions contained in this report. Team members disagreeing with this report, if any, have attached separate statements.

Name/Title	Name/Title
_____	_____
_____	_____
_____	_____

*If the team conducts a thorough evaluation, addressing all areas of the eligibility criteria and the definition, and is satisfied that the child is in fact severe behavior handicapped, it is then inconsequential whether the child is also socially maladjusted. Federal and state definitions allow the child to be served if he or she is socially maladjusted *and* severe behavior handicapped.

Sample

SBH Evaluation Team Report Form B

(Confidential Student Information)

Student's Name _____ Date of Birth _____ Grade _____

District _____ School _____

This form is to be used along with attachments which summarize and interpret the multifactored assessment data. Areas to be addressed include physical examination; vision, hearing, and motor abilities; communicative status; general intelligence; academic performance; background information inclusive of educational, family, and medical history; informal observation by the child's current teacher and at least one other team member; and a behavior or personality measure.

1. Check the characteristic(s) and the qualifiers the student exhibits which can be documented. *All* three qualifiers must exist for any of the five characteristics which are checked.

Characteristics	Qualifiers		
	Over a Long Period of Time	To a Marked Degree	Adversely affects Educational Performance
___ An inability to learn which cannot be explained by intellectual, sensory, or health factors			
___ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers			
___ Inappropriate types of behavior or feelings under normal circumstances			
___ A general pervasive mood of unhappiness or depression			
___ A tendency to develop physical symptoms or fears associated with personal or school problems			

2. Describe behavior noted during observations of the child.

Attach observation reports which provide a clear description of the behavior patterns of concern; a measure of frequency of occurrence of the behavior in terms of times per minute, hour, day, or other time limit; and an indication of the intensity of the behavior pattern (i.e., how extreme the behavior is relative to the peer group).

Continued

Sample

SBH Evaluation Team Report Form B (continued) Student _____

3. Relate the observations to norm-referenced assessment measures.

4. Describe how the student's condition adversely affects educational performance.

5. Observations of the student's behavior were completed by

_____ Current Teacher

_____ Other Team Member

DETERMINATION OF ELIGIBILITY

1. Does the child have a severe behavior handicap? Yes ___ No ___
2. Is the condition the result of social maladjustment? Yes ___ No ___
3. Summarize the basis for making a severe behavior handicap determination.

Team Members' Signatures	Position	Date	Agree	Disagree

NOTE: Any team member who disagrees with the above conclusion must provide a written dissenting opinion.

Sample

Least Restrictive Environment Options

(Confidential Student Information)

The following continuum of program options has been considered for _____ (Student's Name),

on _____ (Date), at the IEP meeting with the following participants:

_____ _____ _____

_____ _____ _____

What is the least restrictive environment in which this child can be educated?	Circle the appropriate answer.		If "yes" is below the middle line, document the needs which necessitate placement in a separate facility.
Regular class	Yes	No	
Regular class with supplemental services	Yes	No	
Regular class with individual/small group instruction	Yes	No	
Special class/learning center located in			
Public school building	Yes	No	
Separate school in the district	Yes	No	
County board of mental retardation and developmental disabilities facility	Yes	No	
State School for the Blind or the Ohio School for the Deaf	Yes	No	
State institution operated by Ohio departments of Mental Health; Mental Retardation and Developmental Disabilities; or Youth Services	Yes	No	
Home instruction	Yes	No	

I have been informed of the continuum of alternative placements for which children are considered. I agree that the least restrictive environment for my child is the one indicated above.

_____

Parent's Signature

_____

Date

NOTE: This information must be a part of the IEP or attached to the IEP of each student placed in a separate facility.

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SBH teachers and aides work with students on instructional activities that range from computer awareness to daily living skills.

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